	County Cecil	white contains	Registration	Dist. No. 92
	Village or City Elklo	Fy.	No. 253 Or. May	in St
	Length of residence in city or town where d		f death occurred in a hospital or institution, give its NANs. ds. How long in U.S. if of foreign birth?	
2	FULL NAME ANT	some of	Clasia	
-	(a) Residence: No.	V. V.	St. Ward.	
98-72-10-10	(a) Residence. No.	(Usual place of abode)		nt give city or town and State
-	PERSONAL AND STATISTI	1	MEDICAL CERTIFICAT	E OF DEATH
9	hale Phile	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Congress (Month)	. 193 3 (Day) (Yes
5a.	tf married, widowed, or divolced HUSBAND of		22. I HEREBY CERTIF	V That I attended decases
-	(or) WIFE of			Trug 13 ,190
6. D	DATE OF BIRTH (month, day, and year)	ug 13, 1933	1 last sawh alive on	; death
7. A	AGE Years Months	Days If LESS than I day, O hrs.	to have occurred on the date stated above, at	
1	0 0 0	or_O min.	The PRINCIPAL CAUSE OF DEATH and related cau	rses of importance
N	8. Trade, profession, or particular kind of work done, as SPINNER,	Mario	Premalure but	at about
OCCUPATION	9. Industry or business in which	wee	4 mouths	
UP.	work was done, as SILK MILL, SAW MILL, BANK, etc.			
000	10. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this		
	year)	oecupation	Other Contributory Causes of Importance:	
12.	(State or country)	ou		
ER	13. NAME Someway	Colored		
E	0 801	atom of the		
FA	14. BIRTHPLACE (city or town) (State or country)	Mareland		Date of
ER	15. MAIDEN NAME Phildred	Walter	What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE)	
MOTHER	16. BIRTHPLACE (city or town) Chese	sheake City	Accident, sulcide, or homicide?	
ž	(State or country) 944	anyland	Where did Injury occur?	
17. 1	INFORMANT Mildred IV. (Address)	altegia	(Specify city of Specify whether Injory occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	Place Of Hyant		Nature of Injury	
19.	UNDERTAKER 70 (Address)		24. Was disease er Injury in any way related to occu	
20. 1	FILED aug 14, 1923 X	raus frager	(Signed) A. A. Mone	son

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH USCOU
County Cecel	Registration Dist. No. 43
Village or City Polora, Md.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 13 yrs	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine Ca (a) Residence: No.	gelever.
(a) Residence: No.	St., Ward.
(Osual place of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wing the word)	21. DATE OF DEATH Cless, 9th 1933
58. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from
Lingle	1923, to ace 9 , 193
6. DATE OF BIRTH (month, day, and year) 10 1857 7. AGE Years Months Days If LESS than 1 day,h ormin.	Hast sawh. ex alive on Org 9, 1923; deeth is seld
7. AGE Years Months Days If LESS than 1 day,h	to have occurred on the dete stated above, atm.
/5- 11 29 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Corinoma 4
4 1 9. Industry or husiness in which	Stomach / mayly
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spent in this	
year) occupation 3.2.	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Leave Russy Lun.	Other Countries of Importance.
(State or country) Cecl Md.	
13. NAME James Camera	
13. NAME Cames Camelon 14. BtRTHPLACE (city or town) Russian Survey State or country	Neme of operation Dea Plesseless Date of V
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME / Leberca / Jules	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME / elecea / yulo 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Citate of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURJAL, CREMATION, OR REMOVAL	Manner of injury
Helst Potter Than Ball aug 11,193	
J. P. Turan	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Produce Seem Mcd.	If so, specify
1 - A- Cul 11 - 12 - 10	(Signed) Esset Tortand 1 M. D
Louise malling alm Registrar.	(Address) Liberty From my
The state of the s	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis URY.AU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			144-

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

133

	N. B.—WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Jo 1	plnc	220	/
M	item	sho	of	
9	very	VANS	nent	
	D. E	SICI	tater	
	COR	PHY	act s	
	RE	Y.	Exg	
D'A.G.	IENI	TL	ied.	
IDI	MAD	AC	assil	
BIL	PER	EX	ly c	ate.
MARGIN RESERVED FOR BINDING	V S	tated	roper	on back of certificate.
D E	IIS I	be s	be p	of ce
RVE	TI	pluc	may	ack
SE	INK	3 she	t it 1	on l
RI	ENG	AGI	• tha	tions
GIN	FADI	ied.	ns, se	struci
IAR	UND	lddn	tern	e ins
5	ITE	Illy s	plain	. Se
	W, 7	arefu	ui E	rtant
	SIN	be c	EATH	im po
1)	PLA	pluo	F DI	ery
	TE	n sh	SE O	TION is very important. See instructions on back of certificate.
1	WRI	natio	SAU	FION
V. S. No. 1	B.	T T)	-
٧.	ż	(-	1)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08001
1. PLACE OF DEATH	(83)
County Cecil	Registration Dist. No. 92
Village or City near Earleville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William James Can	non-
(a) Residence: No. 172 Earlwille Mid (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORÇED (wrige the word) Lite Surgle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 9, 1930	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.45 a.m.
7 /0 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Accidental drowning B/20/23
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Cecil County mid	Other Contributory Causes of importance:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E O 4	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
E , , , , , ,	Accident, suicide, or homicide? Legisland Date of injury 8/20, 193.3.
State or country)	Where did injury occur? Scotchmans Cruck, Cacil County
17. INFORMANT Ivin Robert Common	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Carlevelle Mcd.	at wait in flour of none
Place It augustine Date aug 22, 1933	Manner of injury toll from 18 ft baleau into 15 fe
19. UNDERTAKER OF CONTROL (Address) Elkt	24. Was disease or injury in any way related to occupation of deceased?
20. FILED lug 22, 1933 p franch frage. Registrar.	(Signed) J. Nodney Frager, Coroner
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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B (Table and Table and Tab			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For authorization Dechange date Ofmial see letter 20	led under
H. K. Pissins 10/4/33, 6	

1	Village or City Rusing Lun R. H.D.	Registration Dist. No. 95
	Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH aug. 7 (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE ol	22. I HEREBY CERTIFY. That t attended deceased fro
certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	t iast saw have alive on ang. 26 , 19 32; death is sa to have occurred on the date stated above, at F. P. m. The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows: Date of onse true and the stated above.
instructions on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 2.41. 1933 11. Total time (years) spent in this occupation.	Other Cautributary Causes of Importance:
	12. BIRTHPLACE (city or town) (State or country) 13. NAME Laweful T. Dennison 14. BIRTHPLACE (city or town) & hulling Control (State or country)	
ı	14. BIRTHPLACE (city or town) 6 hulls Co	Name of operation Date of
1	(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
The same of the sa	15. MAIOEN NAME Noncy Relson 16. BIRTHPLACE (city or town) Applelia (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
The second second	17. INFORMANT Stephen Connison (Address) Resing I kg mg	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Follows 19.33	Manner of injury
	19. UNDERTAKER & E. Typer Seen Md.	24. Was disease or injury in any way related to occupation of deceased? Il so, specify (Signed) M
1	20. FILEO. L. Registrar.	(Signed) M. (Address) Resurg Asse

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	,

-WRITE PLAINLY, WIN CUNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. IARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WIN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	8004
1. PLACE OF DEATH	93-2	0
County Ce Cit	Registration Dist. No.	2_
Village or City Election (16	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward umber)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Kenben H. T. Dun	bar	
(a) Residence: No. West High	St., Ward,	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Laura Dunbar	22. I HEREBY CERTIFY, Thet lattended of	leceased from
7.0 - 10/17	Ging 29 to , 1937, 10 Chen 30 2	, 19.55.
6. DATE OF BIRTH (month, day, and year) Febry 22 186/	I last saw h alive on alive on 1933	; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, et	
66 6 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Blackburth SAWYER, BOOKKEEPER, etc.	f f	
SAWYER, BOOKKEEPER, etc.	auth ander	
kind of work done, as SPINNER, BUCK & SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and thi	Diff	
SAW MILL, BANK, etc	Juanan	
this occupation (month and 29 1433) spent in this 45 7-	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	1	10
(State or country) Maryland	de monacht	a fee
13. NAME Will Defribas	The second of th	Swle
14. BIRTHPLACE (city or town) Elktory	Name of operation Date of	18
(Stete or country) Manyland	What test confirmed diegnosis? Was there an a	utonsv?
15. MAIDEN NAME Sophial Movdy 16. BIRTHPLACE (city or town) Elettory	23. If death was due to external causes (VIOLENCE) fill in also the following	
5 16. BIRTHPLACE (city or town) Elettory	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT My Laura Dunbar (Address) Elkton Ind	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place El Ktore Cercialay Date 2 7 1, 1933	Nature of Injury	
19. UNDERTAKER 77 W. P. Tpice (Address) Elitore Ind	24. Was disease or injury In any way related to occupation of deceased?	21
20. FILED Carry 31, 1933 for frank frager	(Signed) Asy Affaire (Address)	M. D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		

V. S. No. 1

1	L PLACE OF	F DEAT	н			
	County	Cec	il			Registration Dist. No. 95
	Village or C			oint, Ma	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
d						387 697
2	2. FULL NAI					
	(a) Residen	ce: No \	eterms	nt (Unitality	tration Fac	C11Sty, Ward. If nonresident give city or town and State
	PERSON			CAL PARTI		MEDICAL CERTIFICATE OF DEATH
3.	sex male		or race	5. SINGLE, MAR OR DIVORCED DI VO	RIED, WIOOWED. O (write the word) roed	21. DATE OF DEATH August 13 , 193 3 (Month) (Oay) (Year)
5a.	If married, widow HUSBANO of —(er) WIFE-of		. Arthur	Wilson		22. I HEREBY CERTIFY. That I attended deceased from May 23, 1929, 19 to August 13 1933
6.	DATE OF BIRTH (month, day	and year) Ma	rch 13, 1	.898	l lest saw h 1m alive on August 13 1933 deeth is said
	AGE Year	rs	Months 5	0 ays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:19 A.e.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Acute Parenchymatous Nephritis 8-3-33
OCCUPATION	9 Industry or 1 work was SAW MIL 10 Date decease this occup	ork done, a BOOKKEEF business In done, as SI L, BANK, et ed last work pation (mon	which ILK MILL, tcS ked at	1909		Acute Parenchymatous Nephritis 11 8-3-33
	BIRTHPLACE (cit (State or coun		Detro	it, Mich	igan	Dementia Praecox, Hebephrenic Type 1923.
HER	13. NAME	Dave (Hagnier			
FATHER	14. BIRTHPLACE (State or		vn) Unl	cnown		Name of operation None Date of What test confirmed diagnosis? Laboratory and was there an autopsy? Yes
ER	15. MAIOEN NAI	ME I	Rose			Blood Chemistry 23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State or	(city or tov	vn) Unkr	nown		Accident, suicide, or homicide? NO Oate of Injury
	(Address)			ords Point, Md	•	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
		hingt	on, D.C.	Oate AUS.	15 ,19 33.	Manner of Injury
_	uried Arl UNOERTAKER (Address)	Havre	Dann	THE PARTY	Som:	24. Was disease or injury in any way related to occupation of deceased? NO.
20.	FILEO aug	1.13.,1			Mourson Kep Registrar.	(Signed) ROGER P. HENVZ. Clinical Director
	V		If more	blanks are needed, a	ddess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	***	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. O.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

1. PLACE O		Н			
County	Cecil				
Village or C	ityF	Elkton, 1	Id.	10(1)	1141-pm3
Length of resi	dence in city	or town where d	eath o	curred	yrs,
2. FULL NA	MEl	Ars Harri	et	Jane	Gray,
(a) Residen	ce: No	Elkton,			
			-	- CONTRACTOR - CON	of abode)
J. SEX	1	STATISTI			
Female	Whi	OR RACE	OR	DIVORCE	RRIED, WID
	1		1/4	arrie	ia .
5a. If married, widow HUSBAND of (or) WIFE of	Mr. Ha	rry Gray	7 9		
6. DATE OF BIRTH	(month, day,	and year) Ju	ine	22 n d	1866
7. AGE Yea	rs	Months		Days	If LES
67.	yrs.	2 mont	hs	4 dy	S or
9 Industry or work was SAW MIL	business in business in done, as SI L, BANK, et	which LK MILL, ced at	Hou	11. Totel	time (years)
12. BIRTHPLACE (cir. (State or cour	ty or town).	Cecil Co	.,]	Vid .	
	lisha	B. Mahon	ney		
13. NAME H 14. BIRTHPLACE (Stata or	(city or tow	"cecil c	0.,	Mđ.	
T		y Elizabe	eth	Hall	,
16. BIRTHPLACE	(city or tow	n) Pa.,			
17. INFORMANT	lr. Hai	rry Gray	(H)	usband	i) .
18. BURIAL, CREMAT	the Ea	at MYE	Oat	e ling	29
19. UNDERTAKER(Address)	74	w.F.	1-6	in	, , , , , , , , , , , , , , , , , , , ,

20, FILED less 7. 8 ..., 193-3

STATE OF MARYLAND-CERTIFICATE OF DEATH DSHAC

	93-0
	Registration Dist. No.
(If	L NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
ED, ord)	21. DATE OF DEATH August 26th, 1933 (Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I attended deceased from August 9th, 1933, to August 26th, 1933 last saw her alive on August 24th, 1933 death is said
han	to have occurred on the date stated above, at 4 A. m.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
	Other Coatributory Causes of Importance:
	Unknown.
	Nama of operation None Data of Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
33	Manner of injury
si.	24. Was disease or injury in any way related to occupation of deceased? No. 1 (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County	WITHIN GORPOT	Registration Dist, No.	77
6.1	- nl	" // ween despital	المالا
Village or City	on Ma	death occurred in a hospital or institution, give its NAME instead of street and	d number)
Langth of residence in city or town where	death occurredyrs,mos	ds How long in U.S. If of foreign birth yyrs.	mosds
2. FULL NAME		Sarrington	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OF RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. SIREBY CERTIFY That I attende	d deceased from
S. DATE OF BIRTH (month, day, and year)	Juan 18 193	I last saw h water only	; death is sa
7. AGE Yaars Months	Oays If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	gestation	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
1D. Date deceased last worked at this occupation (month and year).	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
(State or country)	kton/ mg		
13. NAME Samuel file 14. BIRTHPLACE (city or town) - fl.d.	lander Narkens	ion.	
14, BIRTHPLACE (city or town)	Escure 1	Name of operation Oate of.	
(State of Country)	A made	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	ana MT. Ylots	23 16 death was due to external causes (VIOL ENCE) fill in also the following	ing:
16. BIRTHPLACE (city or town)(State or country)	A glacea.	Accidant, suicida, or homicide? Oate of injury Where did injury occur?	
17. INFORMANT(Address)		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC !	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	//	Manner of injury	
Piace	0ate, 19	Nature of injury	
19. UNOERTAKER(Address)		24. Was disease or injury in any way related to occupation of deceased?	
20. FILE (119 19, 1933)	Frank Frayer	(Signed) (Signed) (Address Tunnally)	Track.

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Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1. PLACE OF DEATH	(46)
County Lecil	Registration Dist. No.
Village Dr City Collins Length of residence in city or town where death occurred 49 yrs	Registration Dist. No. No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) 10s. ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marie	21. DATE OF DEATH August 7/ (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Mamie armitrong Harre	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 79 7 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Agardener	I last saw h alive on, 19; death is said to have occurred on the date stated above, at 5 2m.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1932 spent in this occupation were 12. BIRTHPLACE (city or town) Turkwood, Del.	Other Contributory Causes of importance:
(Slate or country) 13. NAME Jacob Harris 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of Whal test confirmed diegnosis? Was there an aulopsy? 12-52
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Muksoum (State or country) 17. INFORMANT Mannie A. Harris (Address)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Water Mr. Bolored beauty ang 24., 193	Manner of Injury
19. UNDERTAKER N. M. Poppin (Address) White If G.	24. Was disease or injury In any way related to occupation of deceased? ho
20. FILED/149 22, 1933 / pank Town	(Signed) T. Midney Trager Corone 14. B

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 0.8			
Other centributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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Ever HAD men	2. FU
ND.	(
PHY ct s	F
RE.	3. SEX
LY .	un
N. B.—WRITE PLANCLY, WIN. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1. PI C V L 2. FU (i) F 3. SEX MM 5a. If ma HUS (or)
ERI E X cl	6. DATE
-WRITE PLATCIY, WILL UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.	7. AGE
IS I e s e p f ce	N 8. 1
THE PER PER PER PER PER PER PER PER PER PE	OCCUPATION
K-hou ma	000
IN E su it it	0 30
NG AG tha	
d. d. so	12. BIRT
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IIIy S	<u> </u>
WI eful in p	当 15. N
ALY, ATH	12. BIRTI (3 24 13. N 14. B 15. N 16. B
PLAH ould b F DE.	17. INFOR
sh sh is v	18. BURIA
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mal CA TIC	17. INFOR (A) 18. BURIA PI 19. UNDE
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STATE OF MARYLAND—	CERTIFICATE OF DEATH USUUS
1. PLACE OF DEATH	<u> </u>
County Clack	Registration Dist. No. 92
Village or City & lkton	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Millerit	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SIGHT SUCH - JUS	isen
(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
unknown whete OR DIVORCED (write the word)	Muy 15 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
11.15.022	Mg 15 193 10 Meg 15- 1932
6. DATE OF BIRTH (month, day, and yeer) / 15-1933 7. AGE Years Months Days If LESS than	I last saw h. ; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were es follows:
A. Hede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	Almborew ()
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
O late deceased last worked et this occupation (month end year)	
Solhian	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) (Marco (C) (State or country) (Detect Me)	
E TO COLOR	2000
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete of
15. MAIDEN NAME Mabel Holden Mc Senne	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?
E E h les sold	23.11 death was due to external causes (VIDLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) SACOT (State or country)	Accident, suicide, or homicide?
17. INFORMANT molter	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) (Aslon - Mel	Specify without in the outer, in name, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate19	Nature of injury
19. UNDERTAKER RETURNS	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify for former for the specific of
20. FILED Dept. 29 1933 Frank Franks	(Signed) M. D.
Refistrar.	(Address) Glolon Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Į.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by strect car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH _				
County Cal	This equipor	LATA LIMITA	Registration Dist. No.	92
Village Dr City Elklow Muse Length of residence in oity or town where death occurred	(If d	Shortal death occurred in a horpital or instit		
2. FULL NAME The Thorus (a) Residence: No. (Usual place of a)	as Zu	St., Ward.	If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL PARTICL	JLARS	MEDICAL C	CERTIFICATE OF DEA	ТН
3. SEX 1. COLOR OR RACE OR DIVORCED (7) Swyn		21. DATE OF DEATH	ust 24 (Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREB	Y CERTIFY, That I att	tended deceased from
6. DATE OF BIRTH (month, day, and yeer) Press /6	1859	I lest saw harin alive on.	~	33; death is sai
7. AGE Years Months Days	If LESS than I day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were as follows:	ted ebove, at 8,30 m. ATH end related causes of importance	e Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	rand	Chronic v	alvular he	c (2)
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	n this 4	Dther Coutributory Causes of im	portance:	
(State or country)	estin			
HE 13. NAME TO TOWN) 14. BIRTHPLACE (city or town) (State or country) 15. NAME 16. State or country)	who		Da	te ofere an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. MAIDEN NAME The supplies of the	in In	Accident, suicide, or homicide?_ Where did injury occur?	auses (VIDLENCE) fill in also the formation of the second	, 19
18. BURIAL, CREMATION OR REMOVAL Company Date Ausland	-29,19.33	Manner of injury		
19. UNDERTAKER 74 WP (Address) Cekton Cond		24. Was disease or injury in any	way related to occupation of deceas	sed? Ma
20. FILED ling 28, 1933 J. Jank	Legistrar.	(Signed) (Address)	Elston,	mod "

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

PHYSICIANS should state

Exact statement of OCCUPA.

UNFADING ANK-THIS IS A PERMANENT RECORD. Every item of infor-

TARGIN RESERVED FOR BINDING

stated EXACTLY.

should be

AGE

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

N. B.-

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MA	TRILAND	CERTIFICATE OF DEATH	00011
County Cecil		Registration Dist. No.	2
Village or City Elkton 12		NoSt.,_	Ward
Length of residence in city or town where death occurr		f death occurred in a horpital or institution, give its NAME instead of street ar sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Ella Rus	sell Star	iley	
(a) Residence: No.		St. Ward.	
	I place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL PA	ARTICULARS MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	l .
f OR DIN	ORCED (write the word)	HUGUST 10 (Month) (Day)	193 ³ (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. ALE I HEREBY CERTIFY, That I attend	led deceased from
DATE OF BIRTH (month, day, end year) May	2-1 1873	i last saw have alive on 193	ـــــــــــــــــــــــــــــــــــــ
AGE Years Months Day	ys If LESS than	to have occurred on the date stated above, at 3. P m.	
60 2 1	9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profession, or particular kind of work dono, as SPINNER, A H SAWYER, BOOKKEEPER, etc.	venl	Ohrmie nephritis	1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		0	
10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) North Ea	st	Other Contributory Causes of importance:	
(State or country) maryla	ua Do	Ocute replients	aug 6,
13. NAME Welliam 7+ 17+a 14. BIRTHPLACE (city or town) 7 (State or country) 7	el .	74.40.0	
(State or country)	and	Name of operation Date of	f
	~ .	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Farmie B. 16. BIRTHPLACE (city or town) Fair 14-12 (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	
(State or country) many l	and	Where did injury occur?	
17. INFORMANT Mas Byand Dec (Address) Feeten Zu	Iller 12	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	12 44	Manner of injury	
Place Elkton Ceretary Date C	cey 13, 1923	Nature of injury	
19. UNDERTAKER 74. W. Piffin (Address) Elkton 2nd	, V	24. Wes disease or injury in any way related to occupation of deceased?	20
20. FILED Mug 11, 1833 1. hans	4	(Signed) Herry V. Noo	Med.

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Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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m' <u>s</u>
6.19
• •

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08013
1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 91
Village or City Ohlsapeake Cety	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mos,ds.
2. FULL NAME Sarah m Vedien	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 29 1860	I lest saw h/Lv alive on and 2 8 1, 1933; deeth is said
7. AGE Years Month Days / If LESS than	to have occurred on the date stated above, 2.7.3.P.m.
73 1 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Ryonephrons lug/0
SAWYER, BOOKKEEPER, etc.	((apr) 19'33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
Cheropeak Cety	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Myocardine faction day
13. NAME James Hoage	1 /63:
13. NAME TOUGHT 14. BIRTHPIACE (city or town) Palto	Name of operation Dete of
(Sale of Country)	What test confirmed diagnosis lucure Was there en autopsy/CO_
15. MAIDEN NAME Sach Thomas 16. BIRTHPLACE (city or town) Balto	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss John Boay	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Norfolk Va Date aug 30, 19 33	Manner of injury
19. UNDERTAKER IT W. Pippin (Address) Flatton 2	24. Wes disease or injury in any way related to occupation of deceased? 200
20. FILED Lug 29, 19.33. B. Howard Brown. Registrar.	(Signed) Jeury Lairo M. D. (Address) Charpeale City mid

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BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
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